

Supporting families through home visiting:

Evidence and current directions

**Lifting Children and Families Out of
Poverty Task Force**

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“The long reach of poverty”

- **Poverty disproportionately affects children**
 - 20% children living in poverty nationally
 - Children are 23% of the population and 33% of those in poverty
- **Effects of poverty are long lasting**
 - Academic outcomes; self-regulation; self-sufficiency
 - Prenatal poverty linked to outcomes 40 years later



Home Visiting



- Early intervention as a buffer to the effects of poverty
- Families as an incredible resource in children's lives

- 40 year history
- Support parents (mothers) in the home and connect families with services

Home Visiting

- **Goals:**

- supporting parents to support children
- reducing risks of maltreatment and improving health
- connecting families to needed services



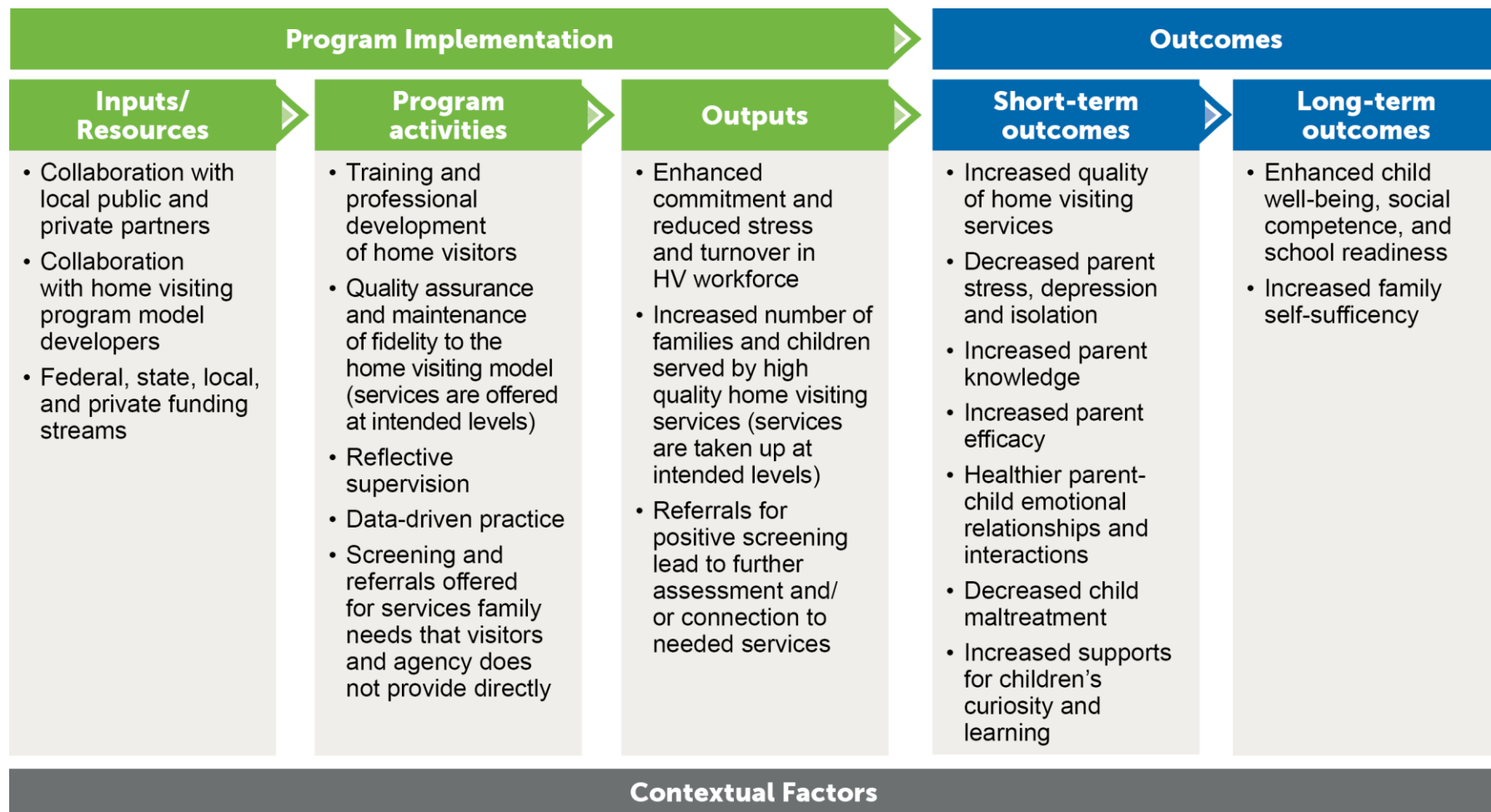
- **Desired outcomes:**

- **Children:** improving health; reducing abuse and neglect; improving school readiness and academic achievement
- **Parents:** improving maternal health; improving parenting practices; building family self-sufficiency
- **Family/Society:** improving coordination with community resources; reducing crime

Home visiting implementation

- Many models exist with a great deal of variability
- Population served: universal versus targeted
 - In federal HV, 74 percent of families below poverty
- Reach: 160,000 served by federally-funded HV programs in all states; 40 states have state-funded HV programs
- Providers: nurses, social workers, paraprofessionals, trained parents, community members
- Duration: Typical visits last about an hour
- Visit focus: parent, child, home

Home visiting logic model



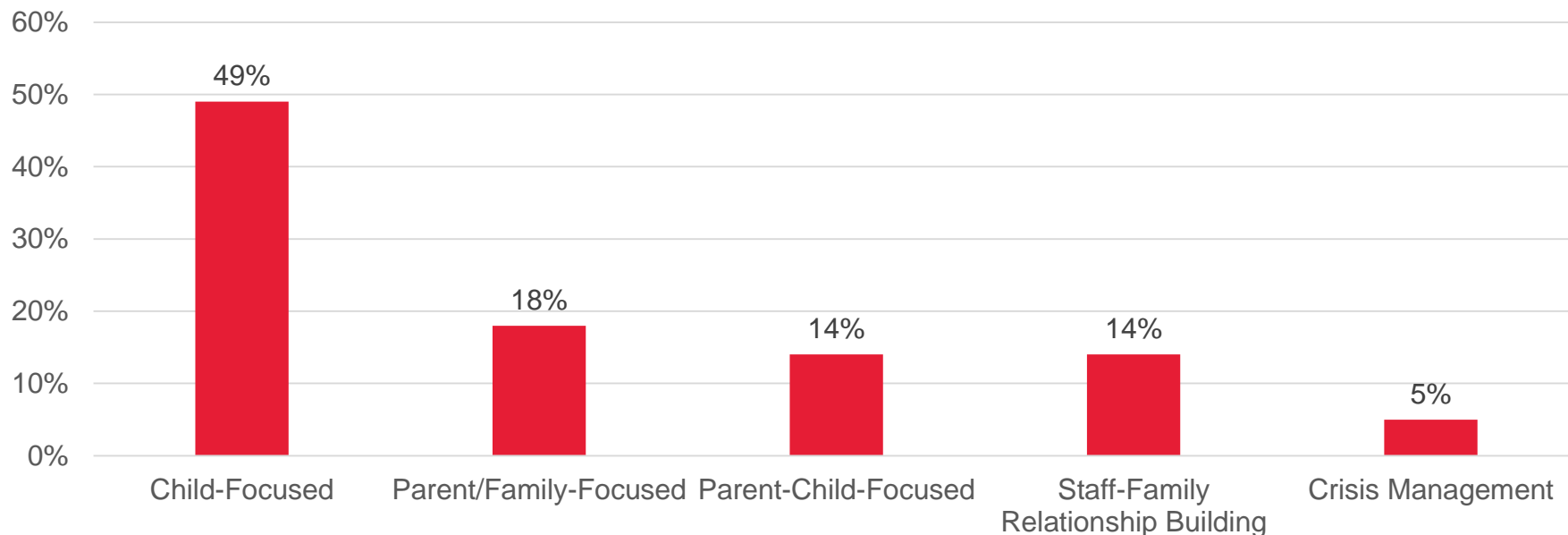
Source. Adapted and shortened from National Academies of Sciences, Engineering, and Medicine. (2016)

What does a home visit look like?

Example: Early Head Start home visiting

- Support for child development, parenting outcomes, and parent-child relationships

Proportion of Time Spent on Home Visit Activities



Source: Vogel et al. (2011)

Early Head Start-home visiting: Activities during home visits

Activities	Percentage of home visits
Play	80%
Provision of education and/or information	72%
Child/parent observation or assessment	64%
Goal setting/planning	52%
Model or demonstrate interactions with child/facilitate interactions	47%
Evaluation/feedback on interactions	43%
Problem solving	40%
Provision of emotional support to parent	33%
Crisis intervention	8%
Other	5%

Source. Vogel et al. (2011)

Federal role in home visiting

- **2008 budget introduced 10 million for HV**
 - evidence-based home visiting (EBHV) funded 17 grantees
 - implement, scale-up, or sustain
 - cross-site evaluation and cost study
- **Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program**
 - Started in 2010, part of ACA
 - EBHV incorporated into MIECHV in 2011
 - MIECHV re-authorized in 2018 budget for 5 more years (\$400 million annually)

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program

- **Federal funds primarily for evidence-based HV**
 - 75% of funds to implement evidence-based HV models
 - 25% of funds for promising approaches
- **Mandates performance measures in 6 areas:**
 - Health
 - Maltreatment
 - School readiness and achievement
 - Self-sufficiency
 - Community connection
 - Crime/domestic violence
- **Programs in all 50 states, D.C., 5 territories, and tribal communities**

Home visiting in California

- HV is diverse in CA and funding mixed
- Participation in MIECHV
 - Nurse Family Partnership & Healthy Families America
 - 31,007 home visits to 3,561 families
 - 24 counties across the state
 - 85% below 100% poverty; 43% below 50% of poverty level
- First 5 CA is one of the largest funders of HV in the state
 - EHS (largest sources of HV)
 - Parents as Teachers (PAT)
 - Home Instruction for Parents of Preschool Youngsters (HIPPY)
 - Local programs
- Need versus reach:
 - Estimates of 465,000 families in poverty that are not being served

(Stanford Center on Poverty and Inequality)

Does home visiting work?

- **Home Visiting Evidence of Effectiveness (Home VEE)**
- **Reviews literature annually and assesses evidence**
- **Focus:**
 - **Children:** child health, development, school readiness, reduced child maltreatment, juvenile delinquency
 - **Parents:** maternal health, parenting, family self-sufficiency
 - **Community:** linkages and referrals, family violence and crime
- **Currently 20 models meet criteria for an evidence-based model (45 reviewed)**

Does home visiting work?

Program	Child health	Maternal health	Child development and school readiness	Reduced child maltreatment	Reduced juvenile delinquency, family violence, crime	Positive parenting practices	Family economic self-sufficiency	Linkages and referrals
Early HS-HV	0	0	√	√		√	√	√
Family Connects	√	√				√		√
Healthy Families America	√	√	√	√	√	√	√	√
HIPPY			√			√		
Nurse Family Partnership	√	√		√	√	√	√	0
Parents as Teachers	0	0		√		√	√	

Source: Adapted from Sama-Miller et al. (2017)

Are there long term outcomes?

- **MIHOPE**
 - 4 models: EHS – home option; Healthy Families America; Nurse-Family Partnership; Parents as Teachers
 - RCT of 4,229 families in 12 states
- **Long-term effects**
 - Child development and school performance
 - Family self-sufficiency
 - Maternal health
 - Child Maltreatment
 - Childhood substance use and mortality
- **Few examinations of long term parenting or criminal justice involvement**

Costs of home visiting

- EBHV included a cost study
- Costs varied by program and implementing agency
 - Variation among all agency characteristics
 - Personnel cost was driver; NFP higher personnel costs

Program	Average cost per exiting family	Range (number of agencies)
HFA	\$5,615	\$2,848-\$10,502 (4)
NFP	\$8,003	\$4,228-\$13,692 (10)
PAT	\$2,372	\$2,122-\$2,622 (2)
SafeCare	\$6,263	\$5,826-\$6,699 (2)
Triple P	\$5,306	NA (1)

Source. EBHV cost-study, Boller et al. (2014)

Cost-benefit analyses

- **Societal benefits with financial implications:**
 - Improved academic outcomes and child behavior
 - Improved family self-sufficiency and employment outcomes
 - Reduced criminal justice involvement
 - Reduced child maltreatment
- **Benefits, relative to costs, over defined periods are mixed**
- **Benefits over the long term exceed costs**
- **Benefits are greatest for most disadvantaged families**
- **Increased earnings are primary area of benefit**

Innovation in Home Visiting



Challenge: recruitment and retention

- **Only a fraction of the families who could benefit from home visiting are receiving services**
- **Wide range in who receives services**
- **Many families don't stay in services**
 - **Caseloads smaller than they appear**
- **Choices about how to target services to maximize impact**

Home visiting collaborative improvement and innovation network

- Learning collaborative with the goal of improving evidence-based programs
- HV-Colln: 12 grantees, 36 local implementing agencies
- Breakthrough series model: learning sessions interspersed with short-turnaround tests of change
 - Plan, do, study, act cycles
- Topic areas: breastfeeding, developmental promotion, maternal depression, family engagement

Solutions and innovation – HV CoIIN

- **Family engagement toolkit:**
 - **Primary drivers and changes**
 - **Competent and skilled workforce to support enrollment and retention**
 - Focused supervision
 - Clear policy and protocols for enrollment and engagement
 - **Comprehensive data tracking system**
 - Ongoing training on data tracking
 - Process for reviewing and using data
 - **Intense early engagement (first 3 months)**
 - Program flexibility to meet family needs
 - Enhancing home visitor-family relationships
 - **Active involvement of families in home visiting program**
 - Process for families to be more connected with program staff
 - Parents included as members of policy councils and QI teams

Challenge: session fidelity and connections to community services

- **Home visiting session focus**
 - Fidelity is often unknown
 - Time during visit may be focused on areas outside of program intent
 - Variation at level of implementing agency
- **Connection to community services**
 - Home visiting as part of an integrated system of care
 - Not well measured
 - Follow-up insufficient



Family Connects

- **Universal home visiting program aimed at supporting child and maternal well-being and health and reducing rates of child maltreatment**
- **Nurse providers**
- **3–7 visits**
 - Hospital visit
 - Visit 2–3 weeks later
 - 0-2 additional visits
 - Follow-up at one month
- **Risk/needs: health care; infant care; safe home; parent support and well-being**
- **Cost: \$700/birth**
- **Designed to be a first step**

Family Connects evidence

- **HomeVEE: 2 studies**
 - Child health outcomes
 - Linkages and referrals
 - Maternal health
 - Positive parenting
- **Implementation results** (Goodman 2018; Dodge et al., 2014)
 - 531 (80%) families agreed to a home visit (69% net completion rate)
 - 94% families had at least one area of need
 - 85% fidelity to protocol
 - 61% of community referrals were followed up on
- **Impact results** (Goodman, 2018; Dodge et al., 2014)
 - At 6 months impacts across several areas
 - Fewer ER visits; \$3.02 savings in medical costs at 24 months
 - 39% reduction in CPS investigations per child at 60 months

Key takeaways

- Home visiting is prevalent
- Home visiting is effective
 - Short-term outcomes
 - Long-term outcomes
- Home visiting is variable, not enough known about what takes place within a visit
- Many families still unserved
- Strengthening connections with other early intervention services is likely important for increasing effectiveness, improving reach, and controlling cost



For More Information

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